



YEAR IN REVIEW

2024
2025

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IMPACT AT A GLANCE

ONE YEAR. EIGHT GOALS. REAL PROGRESS.

Every action you see in this report helped move our Strategic Priorities forward.

1

Establish a clinic for citizens without primary care

When three local primary care providers retired, we moved fast. The Tillsonburg Unattached Care Clinic is now open to help people without a doctor or nurse practitioner.

2

Plan for expanded team-based primary care in Tillsonburg

Planning a funded team for Tillsonburg and across Oxford is underway. New tools like AI Scribe and stronger provider collaboration are laying the groundwork.

3

Implement the palliative model of care for adults in the community

Over 100 providers trained.
76 mentored. We're building more confidence and compassion into palliative care countywide.

4

Co-design an integrated, community-based addictions and mental health program

HART Hub funding marks a turning point in Oxford. It's a co-designed, community-driven program with 16 partners to support mental health and recovery.

5

Advance the Primary Care Network to inform and champion OHT decisions

We elevated primary care voices in decision-making and backed provider-driven innovation, including a local rollout of AI Scribe to reduce burnout and improve care.

6

Improve Board-to-Board communication and engagement

We took deliberate steps to strengthen shared understanding by aligning on key messages and sharing consistent summaries with partner Boards.

7

Facilitate DEI and cultural safety training for all partner providers

We supported shared learning on truth and reconciliation and deepened our collective understanding of equity, inclusion and cultural safety.

8

Increase and diversify community member representation

With five new Community Advisors and 1,200+ conversations, lived experiences are shaping the way care is designed and delivered.

WORKING TOGETHER FOR A HEALTHIER OXFORD

ABOUT OXFORD COUNTY

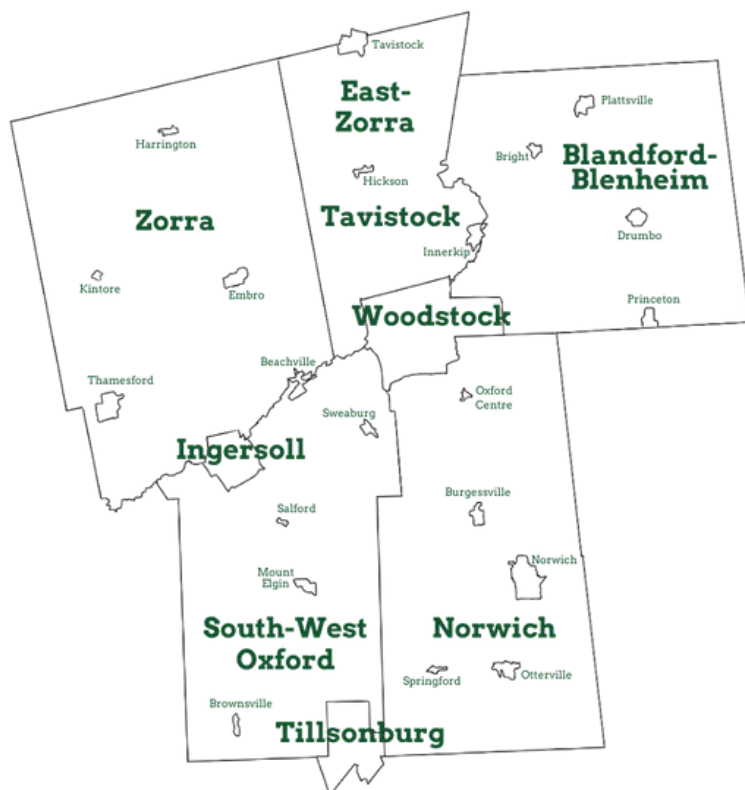
The Oxford Ontario Health Team was officially formed in November 2020 with a goal to deliver a coordinated patient experience to the Oxford County community. Here is a bit about the community we serve:

140K people receive care in Oxford County

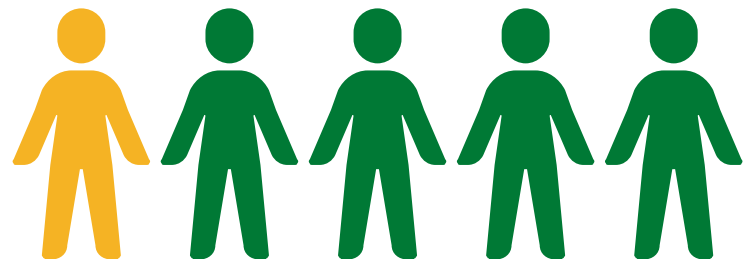
19 Nurse Practitioners in Oxford County

56 Family Doctors in Oxford County

8 local Family Doctors are age 65+



Approx **35,000** individuals living in Oxford County access primary care outside of Oxford.



1 IN 5 ARE AGED 65+
20% in Oxford vs. 18.5% in Ontario

TOP 5 LANGUAGES SPOKEN AT HOME



1. English
2. Punjabi
3. German
4. Dutch
5. Spanish

A MESSAGE FROM OUR LEADERS



This year was a turning point.

Across Oxford County, we've witnessed what's possible when a community rallies together - swiftly, creatively, and with heart - to meet growing health needs head-on.

In the face of a local primary care crisis, we didn't wait for perfect conditions or external funding. With the Town of Tillsonburg and committed local partners, we rolled up our sleeves and built solutions from the ground up. Our newly opened Tillsonburg Unattached Care Clinic is the result of pooling existing resources and a shared belief: that everyone deserves timely access to care. It's a proud example of local innovation rising to meet local need.

We also made history together. Oxford was selected as one of just 28 communities in Ontario to receive funding for a HART Hub—Homelessness, Addictions, Recovery Treatment. This monumental win will bring detox and treatment beds, mental health supports, and wrap-around care closer to home, where they are needed most. It's more than a program - it's a promise: that every person in Oxford, no matter their starting point, can find help and hope right here in their own community.

Behind every success story this year was deep collaboration. Providers, municipalities, patients, caregivers, and community members stepped up - not just to support the work, but to shape it. From expanding palliative care supports and pioneering digital health tools, to expanding and diversifying community voices, 2024/25 was a year of doing the hard work together.

This Year in Review isn't just a record of accomplishments - it's a celebration of shared possibility. It's a reminder that when we move with urgency and unity, we can create care systems that are more inclusive, more responsive, and more human.

Thank you to every advisor, partner, and community member who continues to believe in what we're building. Together, we are transforming care in Oxford - boldly, locally, and with relentless optimism for what lies ahead.

Here's to continuing the work - together.



Teresa Martins
Executive Director
Oxford OHT



Kathryn Leatherland
Co-Chair, Leadership & Strategy Council
& Executive Director, Tillsonburg Multi-
Service Centre



Stephanie Nevins
Co-Chair, Leadership & Strategy Council
& Executive Director, Ingersoll Nurse
Practitioner-Led Clinic

MEET THE PEOPLE BEHIND THE PARTNERSHIP

OPERATIONS TEAM

Our Operations Team is the backbone support for our member organizations. They foster cross-sector communication, alignment, and collaboration required to achieve population-level systems change.



Teresa Martins
Executive Director



Heather Dedman
Executive Assistant



Ayush Suri
Digital Health Lead



Alyssa Ward
Project Coordinator



Emily Porchak
Community Engagement
Project Coordinator



Sally Boyle
Primary Care and Clinical
Collaboration Lead



Diane Murray
Clinical Coach
Palliative Care

STUDENT TEAM

The Oxford OHT had the pleasure of recruiting four students to join our team this year.



Matt
Health Information
Sciences Student
(April 2024 & 2025)



Allie
High School Co-op
Engagement student
(February – June 2024)



Yasitha
Fanshawe College
Engagement Placement
(January – April 2025)



Amber
Laurier University Aging
Well Placement
(February – March 2025)

STRONGER TOGETHER: PARTNERS POWERING CHANGE

The success of the Oxford OHT is the result of the collective commitment and strong relationships across our partners.



STRENGTHENING PRIMARY CARE – OUR NETWORK

The Oxford Primary Care Network (PCN) brings healthcare professionals together to support one another and improve local care. The PCN strengthens provider voices, enhances healthcare services, and builds stronger community connections.

FIRST PCN NEWSLETTER

We launched our first PCN newsletter in November, 2024. **92%** of all Oxford Family Physicians and Nurse Practitioners subscribe to the newsletter!

6 Newsletters since November **2** Special Bulletins **157** Newsletter Recipients

The PCN newsletter helps primary care providers stay up to date on the latest news, guidelines, and resources relevant to Primary Care locally.

AI SCRIBE

AI Scribe is like having a helpful assistant. It uses technology to turn what the patient and Doctor or Nurse Practitioner discuss during an appointment into written notes. This means they have more time to focus on the client and making sure they get the best care possible.

72% of local users saw reduced admin burden **82%** reported improved job satisfaction

21 Providers using AI Scribe

6.7 hours saved per week

Better Care.
Less Burnout.

NURSE PRACTITIONER WEEK

Nurse Practitioners play a big role in Primary Care. To help community members understand this role and to show our thanks, we spotlighted three NPs on social media during Nurse Practitioners' Week.

7K spotlight views on social media **460** clicks on the NP spotlight posts

“Primary care providers are in short supply in so many communities and NPs have the opportunity to play an important role in helping to close this gap in care”

– Megan, NP,
Ingersoll NPLC



A MESSAGE FROM DR. SHAMEENA TAMACHI,

Oxford OHT Primary Care Physician Lead

"The passionate dedication of our partners, providers, staff, and community is transforming healthcare in Oxford. By working together, we are overcoming the unique challenges faced by rural and historically under-resourced regions. The Oxford OHT is proving that by taking a collaborative approach, we can unlock the potential to achieve outcomes that surpass the capabilities of individual organizations, creating a more responsive, efficient, and patient-centered healthcare system."

Dr. Tamachi

Supporting Our Doctors: PCN Meetings Now CME Certified

Oxford PCN meetings are now certified for Continuing Medical Education (CME) credits. This helps local doctors stay current, collaborate, and strengthen care - benefiting both providers and the community.

"Staying in touch with Oxford PCN updates is crucial to avoid missing out on practice-changing information on local CME events, community programming (for patients), and even discounts on items like AI Scribe or certain CME/conferencing events. We all get inundated with emails, but it's worth a quick skim of the PCN newsletters to ensure you're kept in the loop."

- Dr. Rachel Orchard,
Family Physician

"I am pleased to be involved with the Oxford Primary Care Network. It provides the opportunity to strengthen interprofessional collaboration while working on local solutions to challenges we all face daily in primary care. The network serves as both a formal and informal resource in the ever-changing healthcare industry, with tangible benefits to clinicians and administrators. The Leadership Team of the PCN are all knowledgeable, hardworking, and a pleasure to work with. I have been extremely satisfied with my participation in the Oxford Primary Care Network."

- A.J. Wells, Director of Medical
Services

HELPING PEOPLE FIND CARE

WHAT WE HEARD:

We heard clearly that many people in our community face challenges connecting to the services and supports they need.

WHAT WE DID:

We worked together to create solutions to help make the system easier to understand and access for everyone.

We created a document with health resources for people without a Family Doctor or Nurse Practitioner.

3323 online Resource views

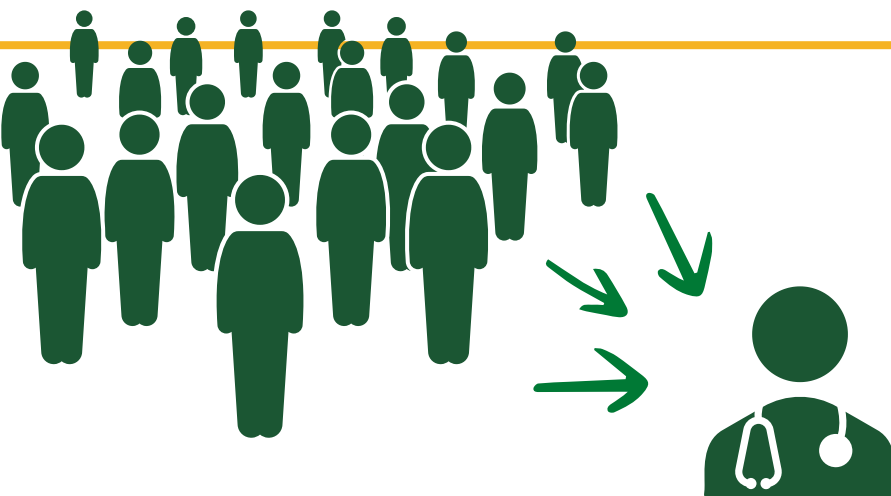
24K people reached on social media



Transportation was identified as a top need through data and community feedback. In response, we created a transportation resource to better connect people to care.

33%

of Central Intake calls were for transportation



We helped transition 50 patients from retiring Doctor's rosters to the **Ingersoll Nurse Practitioner-Led Clinic**

Ingersoll
Nurse Practitioner-Led Clinic



TILLSONBURG UNATTACHED CARE CLINIC

This year, we were excited to announce the launch of a new temporary clinic in Tillsonburg - a big step forward in supporting community members without a Family Doctor or Nurse Practitioner. This important initiative is helping to improve access to primary care for people who need it most and marks a meaningful milestone in our efforts to strengthen local health services.

This collaborative initiative has been made possible through funding from the **Town of Tillsonburg** and with the support of **Roulston's Pharmacy - Tillsonburg** and Oxford OHT members, including the **Ingersoll Nurse Practitioner-Led Clinic**, **Tillsonburg District Memorial Hospital**, and the **Thames Valley Family Health Team**.

The Tillsonburg Unattached Care Clinic will be operated by the **Ingersoll Nurse Practitioner-Led Clinic** (NPLC) in collaboration with Oxford OHT partners

A Proud Initiative of:



Operated by:



Supported by:



COMMUNITY SURVEY RESULTS:



417

Survey Responses Collected

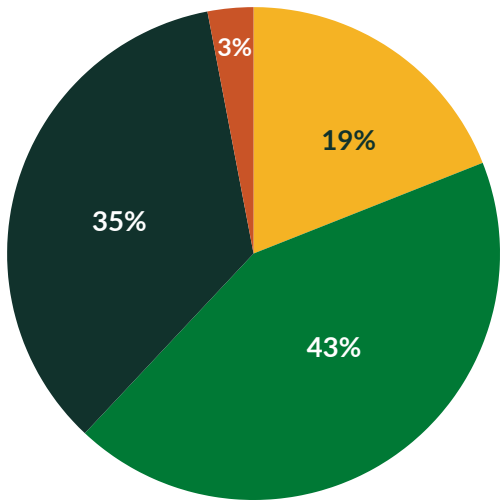


328

Consented to Join the Unattached Clinic Email List

How Long Without a Primary Care Provider?

- Less than 6 months
- 6 - 12 months
- More than 1 year
- Not applicable



OTHER INITIATIVES



TRI-OHT NAVIGATOR COLLABORATIVE

On November 6, 2024 we partnered with Elgin and Middlesex-London OHTs to bring together navigators to discuss our healthcare system, with a focus on navigation, older adults, and health equity.



68 attendees

100%

would consider attending another tri-collaborative

KEY MOMENTS:

- Sharing of personal journeys and struggles navigating care
- Breakout sessions to discuss community support, mental health challenges, & long-term home care access
- A panel for participants to share their experiences, where we heard moving stories about the need for an Active Offer of French services, accessibility concerns for newcomers, and challenges for queer community members as they age

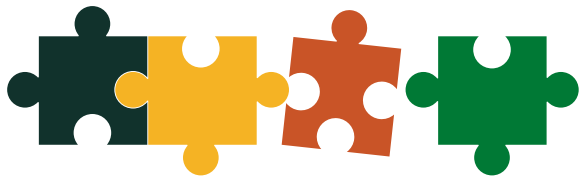
NAVIGATION COMMUNITY OF PRACTICE MEETING



In March of 2024, we hosted an in-person navigation Community of Practice (CoP) around mental health and addictions. The purpose of this CoP is “to create system efficiencies across organizations, improve navigation supports and experience, and create a more coordinated health and social system.”

17 attendees from
11 organizations

100% were able to make
new connections



87% reported an increased
awareness of services



We are looking forward to next year, where we will explore pathways for unattached patients and the HART Hub client journey.

PALLIATIVE CARE

STRENGTHENING PALLIATIVE CARE IN OXFORD FOR THOSE LIVING WITH SERIOUS ILLNESS



This year, Oxford has strengthened support for those living with a serious illness, along with their families and caregivers.

As part of this effort Diane joined the Ontario Health Team as a clinical coach to champion an improved palliative approach to care. She advocates for patients, families, and caregivers while supporting healthcare providers within community and OHT partner organizations to ensure compassionate, high-quality, person-centered palliative care.

In 2024, Diane collaborated with a variety of organizations to support healthcare providers in enhancing the delivery of high-quality palliative care across Oxford County. This was achieved through the provision of targeted education and resources and by having meaningful conversation around advance care planning and goals of care. As a result, health care providers are feeling more prepared, confident, and more supported in delivering palliative care, and community members are benefiting.

Diane has also:

- Supported families and caregivers by providing mentoring and tools for caring for their loved ones
- Collaborated with healthcare partners and the Palliative Pain and Symptom management consultants to provide education and support to health care providers

Champion for Change

Diane brings over 40 years of nursing experience, primarily at Woodstock Hospital. She began as a staff nurse in the medical/palliative care unit before transitioning to the Palliative Care Coordinator, a role she held for 19 years. After retiring, her passion for palliative and people-centered care inspired her to continue making a difference.



OTHER PROGRESS IN PALLIATIVE CARE WORK



48 Health care providers are now ready to have serious illness conversations

Outcome: to help people talk about what matters most to them - like their values, goals and care preferences. Having these conversations early in the course of their serious illness helps guide decisions down the road

Participants: 11 staff from the **Oxford County Community Health Centre**, 23 **Community Paramedics**, 6 staff from the **CarePartners** Transitional Care Unit, 7 staff from **VON**, 1 staff from **Langdon Retirement Villa**

46 Healthcare providers completed training in the Fundamentals of Palliative Care

Outcome: building essential knowledge helps offer more person-centered support throughout the course of a serious illness

Participants: 10 staff from **CarePartners** (TCU), 8 staff from **VON**, 13 staff from the **Tillsonburg Multi Service Centre**, 15 staff from **Woodingford Lodge**

76 Healthcare providers participated in informal mentoring sessions across community organizations and long-term care homes

Outcome: deepening their understanding of a palliative approach to care and how to apply it in their work.



13 Community members attended a presentation to raise awareness about a palliative approach to care

Outcome: learning the importance of early conversations when living with a serious illness, and how families can plan for future healthcare decisions.

OXFORD OHT HART HUB

Where Every Door Leads to the Right Support in Your Recovery Journey

This year marked a major step forward in addressing homelessness, addiction, and recovery in Oxford County. On January 27, the Ministry of Health approved the Oxford HART (Homelessness, Addictions, and Recovery Treatment) Hub, with strong support from MPP Ernie Hardeman.

We need a system that meets people where they are, removes barriers, and provides real solutions. That's what the Oxford HART Hub is designed to do.

16 PARTNERS, ONE VISION: A HEALTHIER PATH TO RECOVERY

A Proud Initiative of:



Operated by:



Supported by:

Indwell
Southwestern Public Health
Oxford County Human Services Department
Thames Valley Family Health Team
Oxford County Paramedic Services
Wellkin Child & Youth Mental Wellness
Operation Sharing

United Way Oxford
Woodstock Police Service
Oxford County OPP
Ingersoll Nurse Practitioner-Led Clinic
Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital
Salvation Army – Tillsonburg

WHAT IS A HART HUB?

The HART Hub is not a single facility, but a coordinated network of community partners offering outreach, supportive programs, transitional housing, and mental health and addiction services. One key step in a client's journey may include addiction care at the new Oxford County Wellness Centre, opening in downtown Woodstock to serve individuals across Oxford County and beyond.



THE HUB MODEL:

The Oxford HART Hub model of care will ensure there are seamless transitions between housing, healthcare, and social services and a coordinated network of support that addresses both immediate needs and long-term stability. This is how we will empower individuals to recover and achieve lasting wellness.

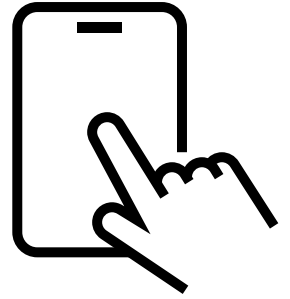
WHAT IS A WELLNESS CENTRE?

The Oxford County Wellness Centre is not a safe consumption site or shelter. It is a dedicated space where community members can access treatment and recovery beds, along with structured programming to support their journey through addiction treatment and recovery.

DIGITAL TOOLS

HYPERCARE

In 2022, we introduced Hypercare with our Palliative Care Outreach Team. This secure app helps teams communicate quickly and safely. This year, we brought on 10 new partners:



Alzheimer Society
SOUTHWEST PARTNERS

Your *partner* in dementia care in Elgin, Middlesex and Oxford



CarePartners



Regional Geriatric Program
of Southwestern Ontario

**WOODSTOCK
HOSPITAL**

STATISTICS:

5K

Group Chats

34K

1-1 Chats

40K

Messages

95

Connected Health
Care Providers

200+

Patients
Supported



95%

of Providers agree that Hypercare provides peace of mind by allowing messaging in a secure way.

CONNECTMYHEALTH

Health Information at your Fingertips

ConnectMyHealth (CMH) is a secure digital platform that lets people view their health records online - anytime, anywhere. It's a great tool for staying informed and involved in your own care. We encourage community members to sign up through our website, social media, or at local events where we host info booths.

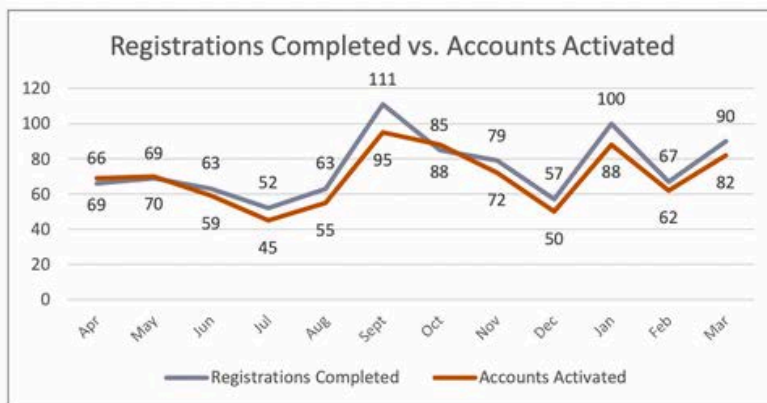
Stats from this year's CMH efforts:

900+

New users onboarded to ConnectMyHealth this year

3028

CMH postcards distributed through community engagement events and by OHT partners.



"For an event taking place in December, there was an urgent need for additional promotional materials. CMH reached out to neighbouring OHTs for support, and Oxford was the first to respond. This extra effort made a significant impact, resulting in a noticeable increase in registrations the following month. The ripple effect from the event clearly demonstrated the value of CMH when properly supported and reinforced Oxford's position as a strong, proactive partner."

- CMH Leadership



ONLINE APPOINTMENT BOOKING:

This year, we supported local healthcare providers in setting up online appointment booking (OAB) to improve convenience for patients and reduce administrative burden for staff.

91%

of patients agreed that online booking was easy to use.

83%

of patients would recommend booking online to friends or family.

85%

of patients were satisfied with the experience.



COMMUNITY ENGAGEMENT

A MILESTONE IN SHARED GOVERNANCE

Introducing the Community Council!

This year the Patient Engagement Advisory Action Team evolved to become the Community Council. Community Advisors believe this transition will ensure everyone's voice is valued including lived experience as patients, families and caregivers as well as work, volunteer and life experience.



100% of Community Advisors who completed the annual evaluation felt that "the work of the engagement initiatives make a difference to the work of the OHT"



5 new Community Advisors were onboarded this year

"As newly elected co-chair, I want to strengthen the role of community voices in the Oxford OHT. I look forward to working alongside community advisors, staff and partners to continue building a health system where our stories are heard and we can work for patient centered care. Nothing about us without us."

– Murray, Co-Chair



ENGAGING

1226 conversations. 21 booths. 3 presentations: real voices at the table!

Distributed 3629 print materials

Had 1226 interactions with community members

Produced 2 community surveys with 500+ combined responses



SOCIALS



180,000
IMPRESSIONS



27,000
ENGAGEMENTS



425
NEW
FOLLOWERS

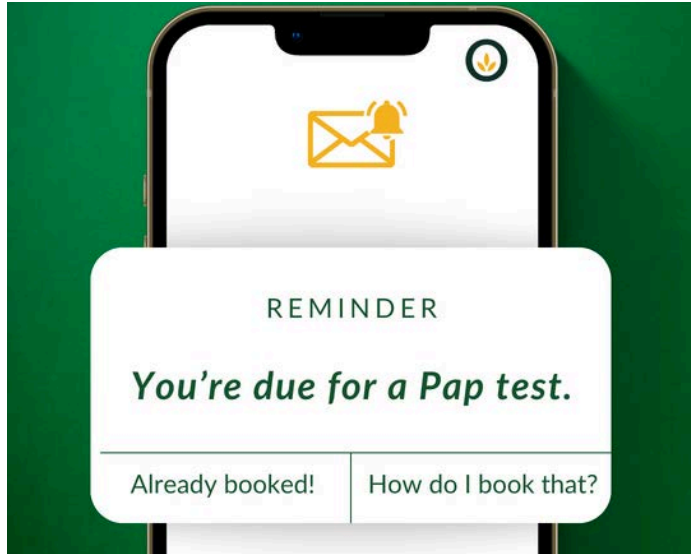


16,700
UNIQUE
WEBSITE VISITS



CANCER PREVENTION

CERVICAL SCREENING CAMPAIGN



15,000

PEOPLE WERE
REACHED

518

CLICKED TO MAKE
AN APPOINTMENT

458

CLICKED A LINK TO
LEARN MORE

CERVICAL SCREENING CLINIC

We collaborated with **Thames Valley Family Health Team** and the **Norwich Medical Centre** to pilot a free cervical screening clinic for community members.

85 PATIENTS SEEN
OVER 7 DAYS

3 FOLLOW UPS FOR
ABNORMAL TESTS



CERVICAL SCREENING TRAINING EVENT

We partnered with the **South West Regional Cancer Program** to organize an in-person training event locally for the first time ever. 18 participants (**physicians, NPs, RNs, RPNs**) were trained in the new cervical screening guidelines and practical skills.



**South West
Regional Cancer Program**
Ontario Health (Cancer Care Ontario)

TRUTH AND RECONCILIATION

Over the past year, we took part in events and learning activities focused on truth and reconciliation. As an Ontario Health Team, it's important for us to understand the history and ongoing challenges that Indigenous Peoples face. This helps us build stronger relationships and work toward a system that is more respectful, inclusive, and supportive for everyone.



We attended “Deep Dive into Truth and Reconciliation” events hosted by Elgin and Middlesex-London OHTs in February 2024, November 2024 and February 2025. Guest speakers included Dr. Samantha Boshart, Chantel Antone, and Autumn Peltier.



Walking the Path of Reconciliation

We joined ISAN sessions to learn and understand more about truth and reconciliation and the actions we can take individually and collectively as an OHT. These included “A Night for Truth and Reconciliation” in April and May 2024, and the “March for Truth and Reconciliation” on September 30, 2024

We also:

- Completed Michael Etherington’s Indigenous Training course led by Guelph-Wellington OHT
- Completed the Atlohsa training module
- Drafted personal commitments to reconciliation
- The Leadership and Strategy Council endorsed health equity as the foundation of all OHT work which led to developing the Health Equity CoP in February 2025.



Like any good harvest, lasting change takes planning, patience, and care. This year, we did the groundwork - strengthening partnerships, investing in local care teams, and making strides toward 100% primary care access by 2029. The next season of work is ahead, and we're ready to keep growing - together!

STAY CONNECTED



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